GREAT HEARTS ACADEMY – ASTHMA ACTION PLAN for the 2016/2017 SCHOOL YEAR

CHILD **LAST** NAME: ____
FIRST NAME: _________________________ DOB:________________
PARENT/GUARDIAN: _______________________________________
BEST CONTACT PHONE NUMBER: ____________________________
PHYSICIAN NAME: ____
PHYSICIAN PHONE NUMBER: ________________________________
TEACHER: ______________________________ SECTION __________

☐ ASTHMA TRIGGERS:

	EXERCISE	STRONG ODORS OR FUMES	RESPIRATORY INFECTIONS
ANIMALS	DUST	TEMPERATURE CHANGES	POLLENS
MOLDS	FOOD	CARPET	OTHER: ____________________________

Does your student use a peak flow monitor? ______ yes _______ no
Personal best peak flow number: ______________________________ Monitoring times during the day: ________________________

☐ DAILY PREVENTION/MANAGEMENT PLAN: *(Breathing is good, no cough or wheeze, can sleep through the night, can work and play OR other specific symptoms such as ____)*

CONTROLLER MEDICATION	DOSE	FREQUENCY	Given to school nurse?

☐ BEGINNING SYMPTOMS: *(First signs of a cold, exposure to known trigger, cough, wheeze, chest tightness, coughing at night OR other specific symptoms such as ____)*

RESCUE MEDICATION	DOSE	FREQUENCY	Given to school nurse?

1. Use the rescue medications listed above or ____
2. Have student return to class if ____
3. Contact parent if ____

☐ WORSENING SYMPTOMS: (*Medicine is not helping, breathing is hard and fast, nose opens wide, can't talk well, getting nervous OR other specific symptoms such as ____)*

EMERGENCY MEDICATION	DOSE	FREQUENCY	Given to school nurse?

Call 9-1-1 if the student

1. Shows no improvement in 15-20 minutes after the rescue and emergency treatments are used, and the above-mentioned parent-guardian cannot be reached
2. Difficulty breathing, walking or talking
3. Lips or fingernails are blue or gray or other ____

I understand that school staff MUST be informed of my child's health concerns in order to provide safe and appropriate care. I will update the school nurse office as my child's health conditions/treatments change throughout the year.

Parent/Guardian signature: ____ Date: ______________